



STATE OF SOUTH CAROLINA DEPARTMENT OF EDUCATION

MOLLY M. SPEARMAN
STATE SUPERINTENDENT OF EDUCATION

Verification of Completion of MONTESSORI TEACHER EDUCATION that was/is ACCREDITED by the Montessori Accreditation Council for Teacher Education (MACTE) at the level(s) of training and in the year indicated in Part One below.

PART ONE (Applicant completes this information)

Applicant's Full Name: Soc. Sec. #:

Address: City: State: Zip:

Levels of Montessori Education for which you are applying:

Montessori levels	Date of completion on certificate

PART TWO (Designated official from Montessori Teacher Education program completes this information)

INSTRUCTIONS: The information below is to be completed by the designated Montessori Teacher Education program director or head of program. Complete the appropriate section(s) and return this form to the applicant.

1) On _____ satisfactorily completed the
Mo/ Day/Year Name of Applicant

Montessori teacher education program for the following instructional level(s). Please check appropriate level(s).

Level of Montessori Teacher Education	Year of Initial MACTE Accreditation	Expiration Year
<input type="checkbox"/> Early Childhood		
<input type="checkbox"/> Elementary I (ages 6-9)		
<input type="checkbox"/> Elementary II (ages 9-12)		
<input type="checkbox"/> Secondary I (ages 12-15) (Middle Level)		

2) I verify by my signature below that the level(s) of Montessori Teacher Education that I indicated on the chart above are/were accredited by MACTE at the time this teacher was enrolled in the program.

Name of Montessori Teacher Education program

Address of Training Program

Date

Telephone Number

Signature

Title or Position